Attorney's Docket No.: 30-4397

## DECLARATION FOR PATENT APPLICATION SOLE OR JOINT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention titled:

## Untwisted Wrapped Singles Yarns and Carpets Manufactured Therefrom

the specification of which was filed as USSN 09/723,643 filed November 28, 2000.

I HEREBY STATE THAT I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS.

I ACKNOWLEDGE THE DUTY TO DISCLOSE INFORMATION THAT IS MATERIAL TO THE PATENTABILITY OF THIS APPLICATION IN ACCORDANCE WITH TITLE 37, CODE OF FEDERAL REGULATIONS, §1.56(a).

I hereby claim foreign priority benefits under listed below and have also identified below a application on which priority is claimed:					
Prior Foreign Application(s)				Priority C	Claimed
(Number)	(Country)	(Day/Mon	th/Year Filed)	Yes	No ,
(Number)	(Country)	(Day/Month/Year Filed) Yes		No	
(Number)	(Country)	(Day/Mon	th/Year Filed)	Yes	No
I hereby claim the benefit under Title 35, Un SUBJECT MATTER OF EACH OF THE CI APPLICATION IN THE MANNER PROVE ACKNOWLEDGE THE DUTY TO DISCLO REGULATIONS, §1.56(a) WHICH OCCUR OR PCT INTERNATIONAL FILING DATE	LAIMS OF THIS APPLICAT DED BY THE FIRST PARAC OSE MATERIAL INFORMA RED BETWEEN THE FILIN	TION IS NOT DISC GRAPH OF TITLE TION AS DEFINE	LOSED IN THE PRIOR 35, UNITED STATES ( D IN TITLE 37, CODE	UNITED STAT CODE, §112, I OF FEDERAL	TES .
(Application Serial Number)	(Filing Date)		(STATUS: Patented, Pending, Abandoned)		
(Application Serial Number)	(Filing Dat	e)	(STATUS: Patented, Pending, Abandoned)		
<b>POWER OF ATTORNEY:</b> As a named in transact all business in the Patent and Traden	nventor, I hereby appoint the farmer of the finance of the connected herewith	Collowing attorney(s th (List name and re	s) and/or agent(s) to prosegistration number).	ecute this applic	ation and
(LIST SENIOR PATENT COUNSEL AND	ATTORNEY HANDLING C	ASE WITH PATE	NT OFFICE REGISTRA	TION NUMBE	RS.)
Virginia Szigeti Andrews	Melanie L. Brown		Roger H. Criss		
Name	Nan	1e		Name	
29,039	31,5	31,592		25,570	
Registration Number	Registration	Number			
SEND CORRESPONDENCE TO:	Virginia Szigeti Andrews				
	Honeywell International Inc.				
	15801 Woods Edge Road				
	Colonial Heights, VA 23834	4			
DIRECT TELEPHONE CALLS TO:	804-520-3651	<del></del>			

DECLARATION FOR DATENT ARRIVATION. SOLE OR JOINT (Continued)	Arramania Dankar Na - 20 (2007)				
DECLARATION FOR PATENT APPLICATION—SOLE OR JOINT (Continued)  Autorney's Docket No.: 30-4397 - Pay I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belie are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements in jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF SOLE OR FIRST INVENTOR CHARLES EDWARD BOWERS INVENTOR'S SIGNATURE Lark Edward Howers RESIDENCE 3000 West Broadway Street, Hopewell, Virginia 23860 CITIZENSHIP United States of America POST OFFICE ADDRESS Same as above	Date April 6, 2001				
FULL NAME OF SECOND JOINT INVENTOR					
INVENTOR'S SIGNATURE	Date				
RESIDENCE					
CITIZENSHIP					
POST OFFICE ADDRESS					
FULL NAME OF THIRD JOINT INVENTOR					
INVENTOR'S SIGNATURE	Date				
RESIDENCE					
CITIZENSHIP					
POST OFFICE ADDRESS					
FULL NAME OF FOURTH JOINT INVENTOR					
INVENTOR'S SIGNATURE	Date				
RESIDENCE					
CITIZENSHIP					
POST OFFICE ADDRESS					

INVENTOR'S SIGNATURE \_\_\_\_ Date

......

FULL NAME OF FIFTH JOINT INVENTOR

CITIZENSHIP \_\_

POST OFFICE ADDRESS

RESIDENCE